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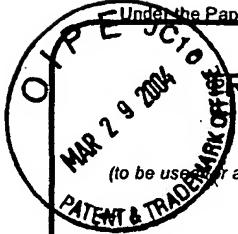
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PTO/SB/21 (02-04)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 101086.226
		Filing Date 2-22-02
		First Named Inventor Lynn Ray mace
		Art Unit
		Examiner Name Kim R. Lockett
Total Number of Pages in This Submission 4		Attorney Docket Number

**ENCLOSURES**      *(Check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Amended claims 1, 2, 3, 4.	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Lynn Ray Mace
Signature	<u>Lyn Ray Mace</u>
Date	Mar - 19 - 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

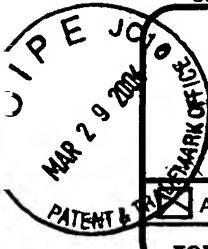
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Typed or printed name	Lynn R Mae		
Signature		Date	mar-19-2004

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)210<sup>00</sup>

## Complete if Known

Application Number	<u>10/086.226</u>
Filing Date	<u>2-22-02</u>
First Named Inventor	<u>Lynn R mace</u>
Examiner Name	<u>Kim R. Lockett</u>
Art Unit	
Attorney Docket No.	

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

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 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1001 770	2001 <u>385</u>	Utility filing fee	<input checked="" type="checkbox"/>
1002 340	2002 170	Design filing fee	<input type="checkbox"/>
1003 530	2003 265	Plant filing fee	<input type="checkbox"/>
1004 770	2004 385	Reissue filing fee	<input type="checkbox"/>
1005 160	2005 <u>80</u>	Provisional filing fee	<input checked="" type="checkbox"/>
SUBTOTAL (1) (\$)			

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims Fee from below	Fee Paid
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				<input type="checkbox"/>

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$)		

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## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	<input type="checkbox"/>
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	<input type="checkbox"/>
1053 130	1053 130	Non-English specification	<input type="checkbox"/>
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	<input type="checkbox"/>
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	<input type="checkbox"/>
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	<input type="checkbox"/>
1251 110	2251 55	Extension for reply within first month	<input type="checkbox"/>
1252 420	2252 210	Extension for reply within second month	<u>210</u>
1253 950	2253 475	Extension for reply within third month	<input type="checkbox"/>
1254 1,480	2254 740	Extension for reply within fourth month	<input type="checkbox"/>
1255 2,010	2255 1,005	Extension for reply within fifth month	<input type="checkbox"/>
1401 330	2401 165	Notice of Appeal	<input type="checkbox"/>
1402 330	2402 165	Filing a brief in support of an appeal	<input type="checkbox"/>
1403 290	2403 145	Request for oral hearing	<input type="checkbox"/>
1451 1,510	1451 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452 110	2452 55	Petition to revive - unavoidable	<input type="checkbox"/>
1453 1,330	2453 665	Petition to revive - unintentional	<input type="checkbox"/>
1501 1,330	2501 665	Utility issue fee (or reissue)	<input type="checkbox"/>
1502 480	2502 240	Design issue fee	<input type="checkbox"/>
1503 640	2503 320	Plant issue fee	<input type="checkbox"/>
1460 130	1460 130	Petitions to the Commissioner	<input type="checkbox"/>
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	<input type="checkbox"/>
1806 180	1806 180	Submission of Information Disclosure Stmt	<input type="checkbox"/>
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	<input type="checkbox"/>
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*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	<u>210<sup>2</sup></u>

(Complete if applicable)

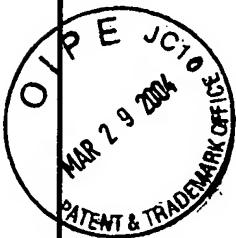
Name (Print/Type)	<u>Lynn R mace</u>	Registration No. (Attorney/Agent)		Telephone <u>828 317 1754</u>
Signature	<u>LRM</u>	Date	<u>3-19-04</u>	

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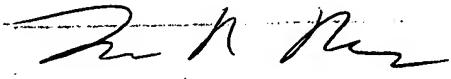
10/086.226

Dear Ms. Dawkins

Please call me (828) 317-1754  
asap if these claims are still  
non-compliant, or need further amendments.

I truly need to conclude this matter  
prior to 4-8-04 (the exp of my 2 month  
extension) as my wife and I are buying  
a home and having a child. Unfortunately if  
these efforts fail I will not have  
the resources to fund the 3 mo ext  
ension of time (475<sup>00</sup> plus the issue  
fee of \$665<sup>00</sup>) and all our efforts will  
be for nothing.

Thank you and Examiner  
Lockett for all your help



PS Forms to follow

1 - cert of mail

2 - Transmittal

3 - petition for ext of time

4 - Fee transmittal